10   12   14   16

Patient Contact Phase

Pre-Registration → Registration/Admission → In-House → Discharge → (A)

Centralized Management Unit

28

24

Billing Phase

(A) → Suspense → Billing → Follow–Up/Collection

18   20   22

26

Figure 1

30

Flashpoints

28   · · ·   32

Control Reports

38   34   36

Healthcare Provider Contact → Manager Integration ← Patient or Payor Contact

Checklist Alerts/Edits   Operating Reports

40   42

· · ·

30   30

Flashpoints   Flashpoints

Figure 2

44   46

Flashpoint	Activities	Required Information
PRE-REGISTRATION	1. Must complete required demographic fields. Minimum fields. 2. Must complete insurance information. 3. Interface with scheduling and other departments i.e., surgery, laboratory, x-ray, etc. 4. Alerts to complete authorization process. 5. Alerts to complete insurance verification process. Interactive online with Medicare, Card and other electronic payors. 6. Automated Checklist 7. Automated Deposit Calculation	1. Report of information needed prior to service. 2. Report of information needed by patient in date of service order i.e. authorization, demographics, insurance information, etc.

Figure 3a

INCOMPLETE PRE-REGISTRATION REPORT

48

Planned Date	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 3b

50   52

Flashpoint	Activities	Required Information

ADMISSION/ REGISTRATION	1. Obtain all open items when patient presents.
	2. Automated checklist of required information.
	    a. Signed forms
	    b. Scanned copy of insurance card
	    c. Carrier specific forms signed.
	3. Payor specific edits, i.e. 72 hour rule, observation, etc.
	4. Assigns all profiles.
	5. Automated deposit calculation.
		1. Report of all open missing items for that day of service.
		2. Day end report of incomplete registrations.

Figure 4a

54

INCOMPLETE REGISTRATION REPORT

Date of Admit	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 4b

56   58

Flashpoint	Activities	Required Information
IN–HOUSE	1. Benefit depletion review 2. Re–certification/Authorization alerts	1. Report of potential benefit problem. 2. Report of potential authorization problems. 3. Report of incomplete information patients.

Figure 5a

BENEFIT DEPLETION REPORT   60   62

Account #	Name	FC	Admit Date	Balance	Max Benefit $	Days Max	Responsible Party

Figure 5b

CERTIFICATIONS/AUTHORIZATIONS EXPIRING REPORT

Date Expires	Account #	Name	Balance	Admit Date	FC	Ins. Co.	Phone #	Responsible Party

Figure 5c

64

66   68

Flashpoint	Activities	Required Information
DISCHARGE	1. Formal discharge edit with outstanding items highlighted. 2. Apply all billing edits.	1. List of daily discharges. 2. List of information needed. 3. Medical records reports to prioritize outstanding uncoded accounts.

Figure 6a

URGENT INFORMATION OUTSTANDING REPORT   72

Admit Date	Account #	Name	FC	Days to Bill	Info. Needed	Responsible Party

Figure 6b

70

DISCHARGE BILLING EDITS REPORT   74

Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 6c

76   78

Flashpoint	Activities	Required Information
SUSPENSE	1. Work all billing edits.	1. Error report.

Figure 7a

82

SUSPENSE REPORT

Billing Date	Days Beyond Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 7b

80

84

88

Flashpoint	Activities	Required Information
BILLING	1. Separates and directs claim electronically if possible. 2. Hard copy claims are dropped by type. 3. Account is updated with receipt stamp indicating claim was received or mailed. 4. Account is tagged for follow–up date per profile. 5. Automatic adjustment is made to each account based upon the profiled insurance.	1. Report of all claims old enough to bill but not clearing edits. 2. Listing of all billed claims by day. 3. A report/log is maintained by payor for adjustments to each account is detailed. 4. Reconciliation to all out–patient registration and discharges.

Figure 8

90   92
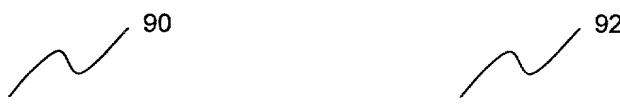
Flashpoint	Activities	Required Information
FOLLOW-UP/ COLLECTIONS	1. Automated tickler file with follow-ups.	1. Follow–up listing based upon criteria including: a. Account age b. Financial class c. Balance d. Account groupings 2. Report of all accounts with variances to original denials.

Figure 9a

FOLLOW-UP REPORT

94   98
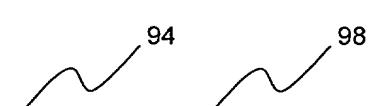
Account #	Name	Discharge Date	Follow–Up Date	Days Out	FC	Responsible Party

Figure 9b

CONTRACTUAL ADJUSTMENT EXCEPTION REPORT
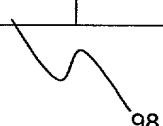
Account #	Name	Expected Payment	Actual Payment	Variance	Current Balance	Ins. Co.

Figure 9c

98

FOLLOW–UPS BY REPRESENTATIVE REPORT

Representative :

100

Account #	Name	FC	Discharge Date	Balance	Scheduled Follow–Up Date

Figure 9d

102

OPERATING REPORT
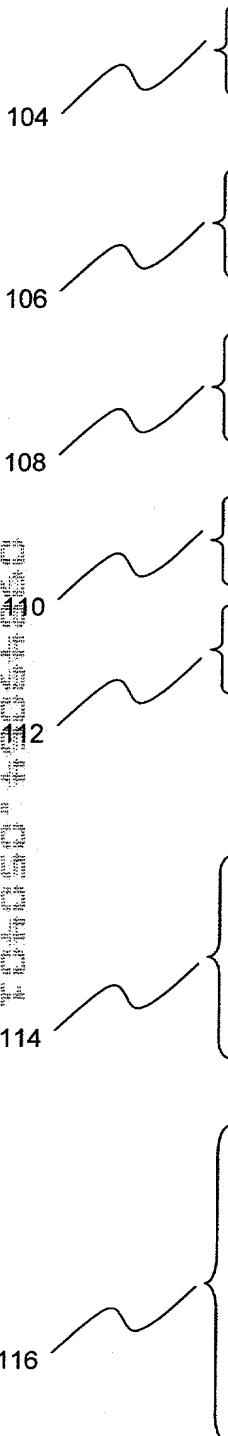
Gross Accounts Receivable (A/R) Days	
Excluding Self–Pay	
In–Patient (IP) A/R Days by Financial Class (FC)	
Out–Patient (OP) A/R Days by FC	
IP and OP A/R Days by FC	
IP A/R Balance by FC	
OP A/R Balance by FC	
Commercial A/R Balance by FC	
IP Revenue by FC	
OP Revenue by FC	
IP Average Daily Revenue (ADR) by FC	
OP ADR by FC	
A/R Balance	
Cash	
Goal	
Actual	
Variance	
Unbilled $	
In–Patient	
Out–Patient	
Total	
Unbilled Days	

104

106

108

110

112

114

116

Figure 10a

Bad Debt Write-off	
Agency Placements	
Medicare Bad Debt	
Bad Debt Write–Off	
Charity Write–Off	
Other Write–Off	
Total Write–Off	
Bad Debt Recoveries	
Credit Balance	
Amount	
No. of Accounts	
Revenue by Service	
In–Patient	
Out–Patient	
Total Revenue	
Days In Month	
Average Daily Revenue by Service	
In–Patient	
Out–Patient	
Total	

118

120

122

124

126

Figure 10b

128

Formula/Description	Source
Average Daily Revenue = Prior 3 months revenue ÷ # of days in prior 3 months	Prior 3 months revenue = Financial Class Revenue Summary
Gross A/R Days = Month end debit A/R ÷ Average Daily Revenue	A/R = Aged A/R Analysis

Figure 11a

130   132

Revenue Item	Standard for Comparison
Gross A/R Days	52
Medicare Days	32
Medicaid Days	45
Blue Cross Days	35
Commercial HMO/PPO Days	57
Self-Pay Days	62
In–Patient Days	50
Out–Patient Days	60
Ambulatory Surgery Days	48
Emergency Room Days	57
Clinic Days	30

Figure 11b

134

Item	Formula/Description	Source	Standard
Total A/R	This figure represents the total debit accounts receivable. Excludes credits and bad debts.	Aged A/R Analysis (Total)	ADR x 52
Total # of Accounts	Total number of patient accounts with outstanding debit balances as of month end.	Aged A/R Analysis	2 x prior 2 months average # of total visits.
Credit Balance Dollars	The aggregate dollar amount of patient accounts with open credit balances.	Report Generator	Not to exceed 1.5 x average daily revenue, no credits over 6 months old.
Credit Balance #	The number of patient accounts comprising the credit balance accounts indicates the volume of work needed to resolve outstanding credit balance.	Report Generator	N/A

Figure 12a

136

| Item	Formula/Description	Source	Standard
Total Unbilled $	The dollars of charges that have been discharged (excludes in-house) but not billed. An important indicator of future cash flow and accounts receivable resolution delays.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	5 x average daily revenue
Unbilled Over Suspense	The unbilled dollars represented by patient accounts that have passed beyond the four days of suspense but remain unbilled.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	2 x average daily revenue
Unbilled Days	Total Unbilled $ ÷ Total Average Daily Gross Revenue = Unbilled Days. The unbilled, discharged accounts expressed in number of days of revenue.	Total Unbilled $ per this report. Total average daily revenue per this report.	4

Figure 12b

138

Patient Account
Management System

Centralized
Management
Unit

139

Healthcare
Provider
Workstation

144

Encryption and
Authentication
Device

Internet

Encryption and
Authentication
Device

148

140

142

Service Provider
Workstation

Healthcare
Provider

150

Database
Management
System

Figure 13

139

Healthcare
Provider
Workstation

Centralized
Management
Unit

144

Encryption and
Authentication
Device

Internet

Encryption and
Authentication
Device

154

Internet
Application
Server

140

142

150

Service Provider
Workstation

Healthcare
Provider

Database
Management
System

148

Figure 14